

CAPE NOVA THE RIFLE & REVOLVER CLUB

www.CapeNova.com



MEMBERSHIP APPLICATION

Herewith I am applying to become a member of The Cape Nova Rifle and Revolver Club.

FAMILY NAME: _____

FIRST NAME: _____

DOB ---- / -- / -- (Year / Month / Day)

HOME ADDRESS: _____

(include civic #) _____

PHONE: Home: --- --- ----- Cell: --- --- ----- Work: --- --- -----

E-MAIL ADDRESS: (please print) --- --- -----

NEXT OF KIN CONTACT INFO: (persons to be contacted in the event of emergency)

1.

2.

FIREARMS LICENSE # _____ EXPIRY DATE: _____

SHOOTING INTERESTS: _____

OTHER GUN CLUB MEMBERSHIPS:

MEMBERSHIP DUE ATTACHED YES NO

AMOUNT PAID: _____ CASH / E-TRANSFER / CHEQUE / other:

For questions feel free to contact: Wilson: 902 625 – 3701 camgil@seasidehighspeed.com

OTHER INFORMATION YOU THINK WE SHOULD KNOW:

APPLICANT'S SIGNATURE: _____ DATE: _____